



NEW JERSEY DEPARTMENT OF TRANSPORTATION  
DIVISION OF AERONAUTICS

## Improvement Aid Project Proposal Form

**Please use a separate form for each grant proposal**

**Type of proposed State aid requested: (check all that apply)**

- ☐ Grant for obstruction removal/abatements
- ☐ Grant for engineering/planning/environmental projects
- ☐ Grant for aviation education purposes
- ☐ Grant for another purpose (describe on an attached sheet)

**Airport/Organization Name:** \_\_\_\_\_

**Applicant contact information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone/Fax/ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Airport/Organization owner contact information:**

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax/ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Proposed project location: (attach additional sheet or diagrams if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed project narrative description: (attach additional sheet or diagrams if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Need and justification for proposed project: (attach additional sheet or diagrams if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Estimated project cost: (attach additional sheet if necessary)**

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**List all attachments here:**

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**Submitted by:**

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Signature

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Print or Type full name

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Date Signed